

Substitute for form 1449/PTO (Revised 07/2007)				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	10/510,368
				Filing Date	October 19, 2004
				First Named Inventor	Philippe Lefere
				Art Unit	3768
				Examiner Name	K.L. Fernandez
				Attorney Docket Number	055174/283575
Sheet	1	of	1		

U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No.	Foreign Patent Document Country Code - Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	26	WO 95/22995	08-31-1995	NYCOMED Imaging	
	27	WO 96/13207	05-09-1996	Wake Forest University	
	25	JP 08-169849	07-02-1996	Sakai Chem Ind Co. Ltd.	
	24	JP-2001-048810	02-20-2001	Ina Food Ind Co Ltd <i>et al.</i>	

OTHER DOCUMENTS					
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.			English Language Translation Attached
	28	Japanese Pharmaceutical Excipients Directory, YAKUJI NIPPO LIMITED., January 14, 1994, 1 st Edition, p. 77, pp. 130-131.			

Examiner Signature		Date Considered
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.